

MINNEAPOLIS POLICE DEPARTMENT

SPECIAL ORDER



BY ORDER OF THE CHIEF OF POLICE

DATE ISSUED: xx/xx/xx	DATE EFFECTIVE: xx/xx/xx	NUMBER: SOxx-0xx	PAGE: 1 of 20
TO: Distribution "A"			RETENTION DATE: Until Rescinded
SUBJECT: Manual Revision – 3-500 Injury and Illness<u>Health, Wellness, and Safety</u> 3-501 Employee-Member Health and Wellness 3-502 - Health Screening and Fitness Assessment – Sworn Employees Member <u>Medical Information, Injury, and Incident Response</u>			APPROVED BY:

MP-8806

Summary: Policy 3-501 Member Health and Wellness was created to reflect the updated objectives and structure of the new Health and Wellness initiatives in MPD. The content from the previous 3-501 Employee Health and Wellness was moved to 3-502 Member Medical Information, Injury and Incident Response and updated to provide clear guidance for the Health and Wellness response and member responsibilities to incidents and injury.

Effective with the issuance of this Special Order, Section 3-500 of the MPD Policy and Procedure Manual shall be amended as follows:

3-500 **~~Injury and Illness~~Health, Wellness, and Safety**

3-501 **~~Employee-Member~~ Health and Wellness**

(11/27/01) (11/01/11) (xx/xx/xx)

I. Purpose

In fulfilling their duties, members of the Minneapolis Police Department (MPD) may expose themselves to significant danger, high stress, and a wide spectrum of human tragedy. Psychological and emotional wellness are critical to members' health, relationships, job performance, and safety.

The health and wellness associated policies define the services available to members to promote health and wellness in day-to-day life, and during critical, stressful, and traumatic events members may encounter in service to the public.

II. The MPD Health and Wellness Philosophy

The Health and Wellness Unit (HWU) establishes and manages a holistic wellness framework focused on providing comprehensive resources to all members. MPD is dedicated to supporting and encouraging the improvement of the minds and bodies of its members through evidence-based practices to:

- Develop and support a workforce that is resilient, engaged, and resourceful.
- Provide comprehensive physical and emotional care to all MPD members.
- Promote psychological, emotional, and physical wellness.
- Promote serving and engaging with the community in an ethical, compassionate, and just way, free of discrimination and bias.
- Assist members who are experiencing mental health, alcohol or other drug misuse, or other behavioral health challenges.

III. Policy

The HWU shall provide direction, coordination, and advocacy to MPD members and staff an interdisciplinary team that provides comprehensive wellness and safety care to all MPD members and designated services to their dependents.

IV. Providing Member Support

The HWU maintains an Employee Support Plan dedicated to promoting the overall health, wellness, and support of MPD members and their families by focusing on five key areas:

- Physical.
- Emotional.
- Financial.
- Social.
- Spiritual.

The HWU shall seek out existing resources, create new opportunities, and respond to the evolving health and wellness needs of members to provide opportunities that enable member wellness in the key areas.

A. Communicating the Employee Support Plan

1. The HWU shall maintain a communication plan, which includes training supervisory staff, that defines the types of services available and encourages utilization.
2. The plan shall provide information on how the HWU informs members of the support services available, addresses stigmas, misinformation, or other potential barriers to utilizing services, and emphasizes that supporting members is integral to the City's public safety operations.

B. Types of Support

MPD provides members and their dependents with a range of support services that seek to minimize the risk of harm from stress, trauma, alcohol and substance misuse, and mental health challenges. Types of support include:

- Readily accessible confidential mental health evaluations and counseling services with resources and referrals that include licensed therapists, specialists, outside agencies, or hospitals.
- Peer support.
- Traumatic incident debriefings.
- Crisis counseling.
- Stress management.
- Family support services.
- Member wellness training.
- Critical and Traumatic Incident response per P&P 3-502.
- Wellness facility & services.

1. Confidential Member Counseling and Support Services

- a. All MPD members and their dependents shall have access to the following counseling services through the HWU clinical vendor(s):
 - i. Non-emergency generalized counseling sessions with a mental health professional within two weeks of the request.
 - ii. Emergency counseling by a mental health professional within 24 hours of the request.
- b. Mental health professionals with specialized training in one or more of the following areas are available to all MPD members:
 - Posttraumatic stress.
 - Domestic violence.
 - Alcohol and substance use/misuse.
 - Anger management.
 - Depression.
 - Anxiety.
- c. Services provided by MPD shall be culturally appropriate and attuned to all MPD member's diverse experiences and perspectives, including, but not limited to, gender identity, people of color, religious minorities, and LGBTQ+ people.
 - i. MPD and the City will provide opportunities for members receiving services to provide feedback on whether the services are culturally appropriate and adapted to diverse experiences and perspectives.

- ii. MPD will take reasonable action to improve or change services offered, to the extent necessary, based on member feedback received.
- d. Services provided shall be consistent with the results of the annual employee health and wellness needs assessment and Employee Support Plan. MPD and the City, will adjust service levels of licensed mental health professionals where appropriate based on the annual needs assessment.
- e. Mental health professionals providing mental health services to MPD members shall not participate in the fitness for duty evaluations.

2. Peer Support

The Peer Support Team provides confidential, one-on-one support to MPD members navigating personal or professional challenges per P&P 3-504.

MPD's Peer Support Team consists of volunteer members selected based on their personal and professional experiences, their ability to maintain confidentiality, provide empathy, and build and maintain trust. The team represents a diverse range of ranks, units, and experiences within the department, both sworn and civilian. Additionally, participation requires a commitment to ongoing education and maintaining good standing within the department.

By fostering mental wellness, the importance of peer-to-peer relationships, and resilience, the Peer Support Team contributes to a healthier and more supportive workplace.

3. Family Support Services

Recognizing the vital role families play in the well-being of MPD members, the HWU shall provide or connect members and their families to essential resources to help spouses, partners, children, and other family members adapt to law enforcement life. Services include:

- Regular support group meetings.
- Academy orientation nights.
- Referrals to legal consultation/mediation, career resources, and childcare.

These programs offer education, peer connections, and access to additional support as needed.

V. Annual Re-Assessment of Member Support Services

- A. The HWU shall annually assess its health and wellness services to ensure access to adequate support.
- B. The assessment shall identify deficiencies and opportunities for improvements, implement necessary improvement measures, and evaluate the effectiveness of improvement measures taken to address deficiencies.

- C. The HWU will also seek input from MPD members on current services provided and those that are not currently provided but should be considered.
- D. As part of the annual re-assessment, the HWU shall provide a written report to the Chief, Mayor, and City Council, through their chain of command, that includes, to the extent legally permissible:
1. Anonymized data regarding health and wellness services provided to MPD members.
 2. How long it takes members requesting counseling services to receive them.
 3. Other metrics related to the quality and availability of health and wellness services.
 4. Resource, training, and policy recommendations necessary to provide services to members that reasonably address their identified needs and comply with the Employee Support Plan
- E. The report shall not contain any personally identifiable information.

VI. Definitions

Dependents: Someone who relies on the MPD member for care or support. This can include a spouse, domestic partner, child, legally adopted or foster child, and an adult child with a disability, or situations where the MPD member is the legal guardian.

Fitness for Duty Evaluation: Department-ordered examination to evaluate whether a member is able to perform the essential job functions.

Posttraumatic Stress: A behavioral and psychological condition or injury that develops after experiencing an event that a person identifies as a threat to their life and/or their safety. This includes either experiencing or witnessing the event.

Trauma: An emotional response that results from exposure to an incident or series of events that are frightening, distressing, or life threatening with lasting effects on a person's or community's functioning and mental, physical, social, emotional and/or spiritual well-being.

Traumatic Incident: A single event, or series of events that may have a significant psychological and emotional impact on the mental health and well-being of a person, potentially leading to conditions such as posttraumatic stress (PTS), depression, anxiety, and/or substance misuse. Examples of traumatic incidents related to police work include, but are not limited to:

- A member being assaulted or seriously injured in the line-of-duty.
- Unsuccessful attempts at lifesaving efforts (CPR, suicides, fires, etc.)
- Observing violent acts of assault on a person.
- Exposure to victims with serious, life-threatening injuries or death.
- Exposure to a child, elderly, or vulnerable adult victim(s) of abuse, neglect, or violence.
- Members negatively impacted by a First Amendment event or civil disturbance.

3-502

Health Screening and Fitness Assessment—Sworn EmployeesMember Medical Information, Injury, and Incident Response

(11/01/11) ~~(xx/xx/xx)~~

~~(A-D)~~

I. Purpose

~~To establish procedures, rules and regulations regarding employee medical statuses and related processes.~~

~~This policy sets forth procedures to define how MPD ensures privacy of medical information and member health and safety while navigating the physical and emotional impacts of the job.~~

II. Policy

It is the policy of MPD to build trust with members by handling sensitive information appropriately and complying~~the Minneapolis Police Department to comply~~ with all applicable state and federal laws and City of Minneapolis policies regarding member~~employee~~ injury, illness, and leaves of absence.

~~Employees will provide all requested documentation for the processing of leave requests and returning to work after injury, illness and/or extended leaves to their supervisor and the MPD Health and Wellness Coordinator. Employee medical information is private as defined by Minn. Stat. § 13.02, subd. 12 and it is the responsibility of supervisors and administrators to ensure that employee rights to privacy are upheld.~~

I.—Definitions

[Section moved to end of policy]

II.—Procedures / Rules / Regulations

III. ~~Disclosure of Employee~~ Medical Information

~~(11/01/11)~~

A. Privacy and Disclosure of Member Information

Each member’s health and wellness information, including

~~1. Employee~~ medical, mental health, wellness, and other reasonably assumed confidential information is categorized~~classified~~ as private data on individuals, is not public data, and ~~and~~ is protected from unauthorized disclosure under the Minnesota Government Data Practices Act, MN Minnesota State Statutes section, Chapter 13.02.

Members shall protect non-public data, as required by law.

1. Medical Information

- ~~2.a.~~ Medical information shall be shared only with MPD supervisors and/or commanders who have a need to know.
- b. Health records and medical information shall be kept private and shared only within the necessary chain of command, and the Health and Safety Coordinator (HSC), when pertinent to job performance.
- c. Documented permission must be obtained from the affected member, Employee or their/his/her designee, prior to wide disclosure, outside those with a need to know.
- i. Members shall not share confidential or private information about another member's medical event, treatment, status, or condition (via e-mail, squad computer/MDC, radio, or in-person), unless authorized.
- ~~3.~~ii. General information about of an injury employee's medical condition or status/illness that is directly related to a member's official job duties may be shared on a need to know basis. However, no additional or unnecessary details about the specific condition, treatment, or prognosis may be disclosed.
- aa. Examples of information that may be shared to those with a need to know:
- A member is on light duty due to a work-related injury.
 - A member will be out for two weeks following a procedure.
 - The member was transported to the hospital following an on-duty incident.
- ab. Examples of information that require documented permission to share, unless it is pertinent to required paperwork or duty determinations.
- Specific diagnosis (PTSD, cancer, surgery type).
 - Treatment details (medications, physical therapy sessions).
 - Personal or family medical history.
 - Non-duty related medical information.
- 4.d. All member medical documentation shall be held/maintained only in the member's/employee's medical file and maintained by the HSC.
- e. Medical-related documentation provided to supervisory personnel shall immediately be forwarded to the Health and Wellness Coordinator/HSC.
- ~~5.~~i. No member Mm medical documentation shall remain/not be maintained in station/unit files.
- ii. If medical documentation is digitally forwarded, source documentation must be sent to the HSC, returned to the member, or destroyed.

2. Mental Health Information

- a. All mental health professionals must adhere to mandated reporting requirements and shall advise those seeking services of any limitations to confidentiality and clinical information prior to the start of counseling. Limitations include:
 - Reasonable suspicion of minor or vulnerable adult abuse.
 - A clear and substantial risk of imminent, serious physical injury or death to self or others.
 - When a member requests, in writing, that their information be released.
- b. No identifying information shall be shared with MPD related to accessing counseling services. All members who seek counseling shall receive a confidentiality form with their rights to privacy.
 - i. This does not prohibit MPD from receiving aggregate data about counseling, such as total number of visits, that does not identify individual members.
- c. To best assist members seeking health and wellness services, the HWU may need to consult with other MPD members to facilitate the most appropriate support. When consultation outside of the HWU is necessary, the HWU shall ensure a minimal amount of personally identifiable information is shared. Written consent shall be obtained prior to sharing identifiable information outside the HWU.
- d. Clinical documentation, including counseling notes, shall be managed by the mental health professional, their agency's policies, and applicable regulations.
 - i. To maintain and build trust with MPD members seeking counseling, no clinical documentation shall be shared with the HWU unless written consent is gained directly from the member, or pursuant to the limitations to confidentiality.

3. Leaves

- a. Any request for leave shall be treated as private and in accordance with MPD and City policy and labor agreements. All members who are aware of a leave request shall not share related information unless required to facilitate the leave's approval or use.
- b. A member may be required to submit multiple copies of the same paperwork to facilitate a leave.
- c. Any other health or medical related notification/documentation not described in this policy, (such as those for Family Medical Leave or Worker's Compensation) are independent processes and will not necessarily fulfill the notification requirements listed below.

4. Member Protections

- a. Retaliation of any kind, across all ranks, is prohibited against members who seek any support services or resources.
- b. Anyone who obtains knowledge of, or access to, member information listed in this policy shall adhere to privacy requirements in perpetuity. Violations may result in discipline.
- c. A member has the right to a Federation representative being present in all meetings.

A.B. Medical Notifications

~~(11/27/01)-(11/01/11)~~

The ~~HSC~~Health and Wellness Coordinator and the affected member's Inspector or Commander shall be notified in the following circumstances:

1. Member~~Employee~~ hospitalizations.
 - a. Includes any inpatient admission to a hospital, chemical dependency, or mental health facility, voluntary or otherwise.
 - ~~a.b.~~ The ~~A~~affected ~~member~~-~~Employee~~ or the ~~member~~Employee's ~~d~~Designee shall notify the ~~member's~~Affected Employee's supervisor as soon as possible.
 - ~~b.c.~~ The supervisor shall immediately notify the MPD HSC, the Chief, and the affected member's Inspector or Commander~~Health & Wellness Coordinator~~ and provide the following information:
 - i. Affected ~~member's~~Employee's name, badge~~employee~~ number, and assignment.
 - ii. Affected ~~member~~Employee or the member designee's~~Employee Designee's~~ contact information: (To discuss any applicable or necessary forms, work status, retrieval of city-owned equipment and firearm collection, etc.-)
 - iii. Anticipated length of incapacitation from normal job duties.
2. If a ~~member~~An employee is unable to perform their~~his/her~~ essential job functions due to a medical condition:-
- a. The ~~affected member~~Affected Employee shall notify their~~his/her~~ immediate supervisor prior to returning to work.
 - b. The ~~A~~affected ~~Employee's~~-~~member's~~ supervisor shall notify the MPD HSC~~Health and Wellness Coordinator~~ and, if necessary, ~~Note: It may also be appropriate to notify~~ other supervisors in the ~~A~~affected Employee's-members's chain of command.

~~a-c. Via Medical documentation of the Report of Work Ability form, the member's/employee's condition shall will be provided to requested by the Health & Wellness Coordinator and/or the HSC and made available to the member's/employee's supervisor, as necessary.~~

~~i. The medical documentation must first be submitted to the employee's supervisor for review.~~

~~ii. The supervisor shall immediately forward said documentation to the Health and Wellness Coordinator.~~

3. A supervisor has reason to believe ~~a member/an employee~~ has a medical condition that may adversely affect the ~~member's/employee's~~ work performance or prevent the ~~member/employee~~ from performing ~~their/his/her~~ essential job functions.

IV. Incident and Event Responses

The City shall offer to all MPD members clinically appropriate and readily accessible mental health services before returning to full duty following a traumatic event or critical incident.

MPD shall require that these services be mandatory for an officer when:

- Directed by the Chief.
- Required by the Federation labor agreement.
- and/or Pursuant to P&P 7-810.

A. Critical Incident Wellness Response

In order to support MPD members through critical incidents, the HWU will activate the comprehensive response plan for each critical incident. The plan focuses on providing care for the member's wellbeing, primarily through mental health support.

1. Involved Members and Witness Members

- Pursuant to P&P 7-810, immediately following notification of a critical incident, staff from HWU shall coordinate the wellness response to provide support to involved members and witness members.
- Within 24 hours, an HWU member shall contact all witness and involved members included in the critical incident to do a general check-in, offer personal mental health resources, and to share the return to duty process.
- Within 48-72 hours, an HWU member shall contact each involved and witness members to assist with the equipment and/or uniform replacement process.
- Within 72 hours, if practicable, but not to exceed 7 days, a Critical Incident Stress Management (CISM) facilitator shall provide a critical incident stress debriefing to involved and witness members who would like to participate.

2. Affected members may receive separate debriefing sessions after a critical incident, coordinated by the HWU.

B. Traumatic Incident Wellness Response

MPD understands that in the line of duty, members are exposed to extreme circumstances, including trauma. The events on this spectrum may affect each member differently. In some cases, it may be profound and pose a risk to the member or community for the affected member(s) to stay on duty.

1. In cases where a traumatic incident causes significant disruption to the affected member's wellbeing, the HWU shall activate the Traumatic Incident Response Plan.
2. It shall be the responsibility of an affected member, all supervisors, and peers who become aware of a member affected by a traumatic incident to notify the HWU.
 - a. A traumatic incident or event may be determined by the affected member or a supervisor and documented with the HSC.
 - b. A supervisor shall grant an administrative leave of up to one workday.
 - c. The Chief, or the Chief's designee, may grant an administrative leave greater than one workday if requested, upon consultation with the HWU and affected member.

V. Injuries and Illnesses

B.A. Work-Related Injuries

~~(11/27/01) (11/01/11)~~

- ~~4. Members Employees injured while at work may be eligible for Worker's Compensation benefits. Sworn memberemployees may also be eligible for Injured on Duty (IOD) benefits.~~
1. ~~Members~~Note: Employees may be responsible for medical expenses incurred if Worker's Compensation procedures are not followed and/or Workers Compensation does not accept the claim.
2. An MPD memberemployee injured while at work shall:
 - a. Seek a medical examination, if appropriate.
 - i. The memberemployee may be seen by the MPD's healthcare provider or their/his/her own healthcare provider.
 - ~~a.ii.~~In an emergency, situation the memberemployee should seek medical treatment at the nearest medical facility~~hospital's Emergency Room.~~

- b. Complete ~~an~~ the Supervisor's Report of Injury form and forward to immediate supervisor within 24 hours of incurring the injury report through the online Event Reporting System.
- c. Comply with the Checklist for Work-Related Injury.
- d. Provide a Report of Work Ability form, completed by a physician/healthcare provider, to ~~their~~ his/her supervisor, Inspector or Commander, the Health and the HSC Wellness Coordinator and Worker's Compensation Claim Coordinator.
- e. As work restrictions change or expire, members shall Pprovide updated Report of Work Ability forms, completed by a physician/healthcare provider, to their supervisor, Inspector or Commander, and HSC his/her supervisor, the Health and Wellness Coordinator and Worker's Compensation Claim Coordinator as work restrictions change or expire, until the member ~~employee~~ is cleared to return to work with no restrictions.

3. Supervisor responsibility: of an employee injured at work

- a. Ensure an injury report has been filed and reviewed, once received.
- a. ~~Upon receipt of the Supervisor's Report of Injury form, sign and immediately forward via e-mail to "MPD IOD Reporting".~~
 - i. If the injured employee-member is unable to complete the injury report Supervisor's Report of Injury form, the supervisor shall complete it and forward via e-mail to "MPD IOD Reporting" within 24 hours of the injury.
- b. Comply with the Checklist for Work-Related Injury.
- c. Immediately Fforward all medical documentation received to the HSC Health and Wellness Coordinator.

4. HSC Responsibility:

- a. Make any IOD determinations (supervisors cannot make an IOD determination).
- b. Document the injured member's election of IOD benefits at the time of injury.
- c. Enter the member's hours as IOD in the time keeping system.
- e.d. Ensure compliance with all checklists, reports, and physician.

VI. Requirements for Returning to Work

A. Return to Duty Program

1. When a member is on limited duty for longer than 60 days, they shall work with the Training Unit to determine what training or evaluation shall occur, prior to returning to full duty.
2. Members shall meet with an HWU staff member to receive general wellness support. The HWU member will provide support services, referrals, and resources as requested by the member.

C.B. -After Injury/Illness (~~Work Related and Non-Work Related~~)

~~(11/27/01) (11/01/11)~~

- ~~1. Prior to returning to work on full or limited duty, membersan employee may be referred to ~~the~~MPD's healthcare provider (~~City doctor~~) by the HSCHealth and Wellness Coordinator.~~
- ~~2. A referral may be made to ~~the~~MPD's healthcare provider in the followingif circumstances ~~meet but are not limited to one or more of the following:~~~~

 - ~~a. The memberEmployee has had any major illness or injury or major surgery.~~
 - ~~b. The memberEmployee has been off-duty due to illness or injury for thirty calendar days or more.~~
 - ~~c. The memberEmployee has been away from work, even for one day, for any diagnosed cardiac condition.~~
 - ~~d. The memberEmployee has been away from work for any bone fracture, joint injury, back injury, or concussion related symptoms.~~
 - ~~e. The memberEmployee has been placed on restrictions for more than seven calendar days by their personal healthcare provider.~~

- ~~3. The HSCHealth and Wellness Coordinator may direct membersan employee returning to work after an absence caused by one or more of the circumstances outlined above, to have a Report of Work Ability completed by their physician in addition to, or in lieu of, a referral to ~~the~~MPD's healthcare provider.~~
4. The affected member shall not be allowed to return to work unless approved by their Inspector or Commander, and the HSC, after a review of any necessary medical documentation has been completed.

D.C. Limited Duty: Work-Related

~~(11/01/11)~~

~~1.~~ An memberemployee with work restrictions, verified by a physician, may be reassigned temporarily to a limited-duty assignment.

1. Determining Limited Duty Assignments

a. In coordination with the HSC identify a limited duty work assignment that meets the Aaffected Employee's-member's work restriction, respective to their precinct of unit operations.

~~a.b.~~ If an assignment that meets the employee member's work restrictions cannot be identified, contact the HSC Health and Wellness Coordinator for additional assistance.

1.2. MemberEmployee responsibility when requesting a limited duty assignment:

- a. Notify their immediate supervisor, Inspector, or Commander, and the HSC Health and Wellness Coordinator prior to returning to work.
- b. Provide all forms and statements necessary to substantiate work limitations/restrictions to their supervisor, Inspector or Commander, and the HSC.
- c. Provide Report of Work Ability forms requested by the supervisor and HSC Health and Wellness Coordinator.
- d. During the period of the temporary reassignment, the affected memberAffected Employee is expected to perform all of the duties of the limited duty assignment; and
- e. Sworn memberemployees working a limited duty assignment shall not work off-duty employment. (See P&P section 3-8010, Off-Duty Employment.)

2.3. Supervisor responsibility related to limited duty memberemployees:

a. Ensure the affected memberAffected Employee does not work outside their limited duty restrictions or engage in any off-duty employment, pursuant to his/her work restrictions in P&P 3-801.

~~b. Notify precinct/division commander and Health and Wellness Coordinator of the temporary limited duty assignment.~~

b. All medical or mental health related limited duty assignments must be reviewed by the HSC and approved by the affected member's Inspector or Commander.

~~a.c.~~ Forward all medical documentation received to the HSC and the member's Inspector or CommanderHealth and Wellness Coordinator.

~~3.4.~~ ~~The HSC~~ ~~The MPD Health and Wellness Coordinator~~ will coordinate with the MPD healthcare provider, the appropriate supervisors and worker's compensation ~~Worker's Compensation~~ to monitor limited duty personnel and ensure work restrictions indicated by the healthcare provider are met.

~~4. Returning to full duty after a limited duty assignment:~~

- ~~a. Prior to returning to full duty status, a completed Report of Work Ability form signed by a physician stating that the affected employee may return to work with no work restrictions/limitations shall be submitted to the Health and Wellness Coordinator and the affected employee's supervisor.~~
- ~~b. When the employee is released to work full duty with no restrictions by his/her primary health care provider, a referral to the MPD's healthcare provider may be made, if circumstances meet but are not limited to:
 - ~~i. Employee has had any major illness or injury or major surgery~~
 - ~~ii. Employee has been off duty due to illness or injury for thirty days or more~~
 - ~~iii. Employee has been away from work, even for one day, for any diagnosed cardiac condition~~
 - ~~iv. Employee has been away from work for any bone fracture~~
 - ~~v. Employee has been placed on restrictions for more than seven calendar days by their personal healthcare provider~~~~
- ~~c. The Health and Wellness Coordinator may direct an employee returning to work after an absence caused by one or more of the circumstances outlined above, to have a Report of Work Ability completed by their physician in addition to, or in lieu of, a referral to the MPD's healthcare provider.~~

~~E. Limited Duty: Non-Work Related~~

~~(11/01/11)~~

~~1.5.~~ ~~An employee placed on work restrictions by a physician~~ Work restrictions as the result of a non-work-related injury may be reassigned temporarily to a limited duty assignment ~~for a period of up to six months.~~

~~2.d.~~ If the affected ~~member~~ employee is not ready to return to full duty without restrictions within a reasonable timeframe, as determined in coordination with the affected member and command staff, MPD ~~six months after such limited duty restrictions were imposed, the Department~~ may terminate the limited duty assignment and offer the member ~~employee~~ a medical layoff.

~~3.6.~~ A member that is working outside the scope of the modified work assignments may be subject to discipline.

~~Employee responsibility when requesting a limited duty assignment:~~

- ~~a. Notify the immediate supervisor prior to returning to work.~~
- ~~b. Provide all forms and statements necessary to substantiate work limitations/restrictions.~~
- ~~c. Provide Report of Work Ability forms as requested by the Health and Wellness Coordinator and supervisor.~~
- ~~d. During a period of temporary reassignment, the Affected Employee will be expected to perform all of the duties of the limited duty assignment.~~
- ~~e. Sworn employees working a limited duty assignment shall not work off duty employment. (See section 3-800, Off Duty Employment.)~~

~~4. Supervisor responsibility related to limited duty employees:~~

- ~~a. Gain approval from respective precinct/division commander to temporarily reassign the affected employee to a limited duty assignment.~~
 - ~~b. Identify a limited duty work assignment that meets the Affected Employee's work restriction. If an assignment that meets the employee's work restrictions cannot be identified, contact the Health and Wellness Coordinator for additional assistance.~~
 - ~~c. Notify Health and Wellness Coordinator of the temporary limited duty assignment.~~
 - ~~d. Ensure the Affected Employee does not work outside his/her work restrictions.~~
 - ~~e. Forward all medical documentation received to the Health and Wellness Coordinator.~~
- ~~5. The MPD Health and Wellness Coordinator will coordinate with the MPD healthcare provider and the appropriate supervisors to monitor limited duty personnel and ensure work restrictions indicated by the healthcare provider are met.~~

~~6. Returning to full duty after a limited duty assignment:~~

- ~~a. Prior to returning to full duty status, a completed Report of Work Ability form shall be completed by the Affected Employee's physician and provided to the Health and Wellness Coordinator. The Work Ability form must be signed by a physician and state that the employee may return to work with no work restrictions/limitation~~
- ~~b. When the employee is released to work full duty with no restrictions by his/her primary health care provider, a referral to the MPD's healthcare provider may be made, if circumstances meet but are not limited to:
 - ~~i. Employee has had any major illness or injury or major surgery~~
 - ~~ii. Employee has been off duty due to illness or injury for thirty days or more~~~~

- iii. ~~Employee has been away from work, even for one day, for any diagnosed cardiac condition~~
- iv. ~~Employee has been away from work for any bone fracture~~
- v. ~~Employee has been placed on restrictions for more than seven calendar days by their personal healthcare provider~~

D. Prescription and Over the Counter Medications and Supplements

(11/01/11)

~~Each member is responsible~~ ~~the employee's responsibility to report~~ for reporting to work capable of performing ~~able to perform~~ the essential duties of their ~~his/her~~ job.

1. Medications

~~7.a. A member employee~~ who is taking prescription and/or over-the-counter medication(s), which they have been informed, or are otherwise aware, have side effects with the potential to impair job ~~may interfere with the safe and effective performance~~ or affect their ability to fully and safely perform all the requirements of their ~~of his/her essential job functions and/or job duties or the operation of City equipment,~~ shall notify their ~~his/her~~ supervisor, Inspector or Commander, and the HSC, in writing/ ~~or Health and Wellness Coordinator~~ prior to the beginning of their ~~his/her~~ next assigned shift.

b. The notification shall contain the known side effects and the intended period of use.

~~a.i.~~ If a question exists regarding a member's ~~employee's~~ ability to safely and effectively perform their ~~his/her~~ essential job functions while using such medications, clearance to work from a qualified physician may be required.

ii. The supervisor shall ~~should~~ contact the HSC ~~Health and Wellness Coordinator~~ for assistance in determining any duty restrictions and identifying ~~If~~ the appropriate alternate duty for the member.

c. The member may be temporarily reassigned, if needed.

2. Performance Enhancing Substances

a. MPD officers using any type of performance enhancing steroid, without a legal prescription, shall report such use to the HSC. The officer shall have a fitness for duty evaluation in accordance with the Federation labor agreement.

~~8.3.~~ If ~~the~~ MPD determines that a member ~~an employee~~ failed to make the appropriate notifications regarding medication or substance use ~~use or that the employee is working outside of the scope of the modified work assignment,~~ disciplinary action may be taken.

IV.VII. Definitions

Affected Member: A member who has experienced or been impacted by a critical incident, traumatic event or other work-related stressor.

Mental Health Professional: Licensed mental health professionals employed, directly or by contract, by the City or MPD to provide mental or behavioral health services to members.

Dependents: Someone who relies on the MPD member for care or support. This can include a spouse, domestic partner, child, legally adopted or foster child, and an adult child with a disability, or situations where the MPD member is the legal guardian.

Affected Member: The employee affected by a change in job status due to injury or illness and/or who is the subject of MPD/employer maintained medical documentation and/or records.

Member Designee: The ~~person individual~~ acting as a liaison between the MPD and the affected or involved member~~employee~~.

Need to know: When a person's official duties require them to have access to sensitive, private, personal, and/or confidential information.

Essential Job Functions: The fundamental duties of a position.

Fitness for Duty Evaluation: Department-ordered medical examination to evaluate whether a member ~~an employee~~ is able to perform the essential job functions.

First Amendment Event: Any gathering at which individuals are engaging in activity protected by the First Amendment of the United States Constitution. These include, but are not limited to, marches, protests, and other assemblies, whether scheduled or spontaneous.

Identifying Information: Includes the person's name, address, date of birth, gender, parent's or guardian's name regardless of the age of the person, and other nonclinical data which can be used to uniquely identify a person (MN Statutes section 144.291).

Involved Member: A member who appears to have engaged in conduct constituting a critical incident.

LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, with the plus sign (+) acknowledging the full spectrum of sexual orientations, gender identities, and expressions, including but not limited to intersex, asexual, nonbinary, and Two-Spirit individuals.

Limited Duty: A temporary work assignment as the result of the affected member ~~employee~~ not being able to perform ~~their his/her~~ essential job functions, according to a health care provider. Also known as "light duty."

Medical Event or Treatment: Any physical care, treatment, or diagnosis, beyond first aid, a member may receive, or any mental health care or treatment.

Medical Information: Medical Data collected because an individual was or is a patient or client of a hospital, nursing home, medical center, clinic, health or nursing agency including business and financial records, data provided by private health care facilities, and data provided by or about relatives of the individual (MN Statutes section 13.384).

Health Record: Any information, whether oral or recorded in any form or medium, that relates to the past, present, or future physical or mental health or condition of a member (MN Statutes section 144.291 Subd. 2(c)).

MPD Healthcare Provider: The occupational medicine clinic selected by the MPD (City doctor).

Not Public Data: Any government data classified by statute, federal law, or temporary classification as confidential, private, nonpublic, or protected nonpublic. (Mn. State Statute 13.02 Subd. 8a).

Confidential data on individuals: Data made not public by statute or federal law applicable to the data and are inaccessible to the individual subject of those data (MN Statutes 13.02 subd. 3).

Posttraumatic Stress: A behavioral and psychological condition or injury that develops after experiencing an event that a person identifies as a threat to their life and/or their safety. This includes either experiencing or witnessing the event.

Private data on individuals: Data made by statute or federal law applicable to the data: (a) not public; and (b) accessible to the individual subject of those data. (MN Statutes section 13.02 Subd. 12).

Return to Duty Program: A support-based process managed by the Training Unit, in which a sworn member is required to meet all necessary steps as recommended by multiple MPD entities to return to serving the City in a fully competent, capable, and ethical manner.

Trauma: An emotional response that results from exposure to an incident or series of events that are frightening, distressing, or life threatening with lasting effects on a person's or community's functioning and mental, physical, social, emotional and/or spiritual well-being.

Traumatic Incident: A single event, or series of events that may have a significant psychological and emotional impact on the mental health and well-being of a person, potentially leading to conditions such as posttraumatic stress (PTS), depression, anxiety, and/or substance misuse. Examples of traumatic incidents related to police work include, but are not limited to:

- A member being assaulted or seriously injured in the line-of-duty.
- Unsuccessful attempts at lifesaving efforts (CPR, suicides, fires, etc.)
- Observing violent acts of assault on a person.
- Exposure to victims with serious, life-threatening injuries or death.
- Exposure to a child, elderly, or vulnerable adult victim(s) of abuse, neglect, or violence.
- Members negatively impacted by a First Amendment event or civil disturbance.

Witness Member: A sworn member who has physically witnessed a critical incident, but did not engage in any conduct constituting a critical incident.

Report of Work Ability: A form completed by the affected employee's health care provider which identifies work restrictions.

Supervisor's Report of Injury: A City of Minneapolis Worker's Compensation form that must be completed and submitted within 24 hours of a work-related injury, illness or exposure (IOD form).

Worker's Compensation: Benefits for medical care and lost time prescribed by state law for ~~member~~employees who are injured while on the job. Submission of a Supervisor's Report of Injury form is required for work-related injuries as directed by State law and MPD policy. NOTE: Worker's Compensation is separate from the Injured on Duty (IOD) program (refer to POFM labor agreement).

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